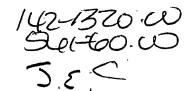
PART B-ISSUE FEE TRANSMITTAL

Complete and mail this form, together with a ____able fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any correction of use Block 1) **Certificate of Mailing** I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box issue Fee address above on the date indicated below. JAMES H. MORRIS WOLF GREENFIELD & SACK (Depositor's name) 600 ATLANTIC AVENUE BOSTON MA 02210 (Signature) (Date) DATE MAILED EXAMINER AND GROUP ART UNIT APPLICATION NO. FILING DATE **TOTAL CLAIMS** 08/919,592 08/05/97 019 KIM. 2816 04/28/9B First Named Applicant PULVIRENTI <u>FRANCESCO</u> TITLE OF INVENTION MOS VOLTAGE ELEVATOR OF THE CHARGE PUMP TYPE DATE DUE SMALL ENTITY FEE DUE BATCH NO. APPLN. TYPE CLASS-SUBCLASS ATTY'S DOCKET NO. 2 " S1022/7923 327-536.000 D45 UTILITY Wolf, Greenfield & Sacks, Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent Use of PTO form(s) and Customer Number are recommended, but not required. attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 4a. The following fees are enclosed (make check payable to Commissioner 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is Identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for Advance Order - # of Copies 20 filing an assignment. (A) NAME OF ASSIGNEE STMicroelectronics S.r.1. 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) Agrate Brianza, Italy DEPOSIT ACCOUNT NUMBER 23/2825 (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual Corporation or other private group entity government government Advance Order - # of Copies_ The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 6/24/98 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and 07/28/1998 ASEAFORT 00000070 08919592 Trademank Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.